Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |  |              |              |                              |                  |            | SMALL ENTITY TYPE |                        | OR    | OTHER THAN OR SMALL ENTITY |                        |
|---|--|--|--------------|--------------|------------------------------|------------------|------------|-------------------|------------------------|-------|----------------------------|------------------------|
| TOTAL CLAIMS 56   |  |  |              |              |                              |                  |            | RATE              | FEE                    | ا ٔ ا | RATE                       | FEE                    |
| FOR   |  |  | NUMBER FILED |              | NUMBER EXTRA                 |                  |            | SIC FEE           | 370.00                 | OR    | BASIC FEE                  | 740.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |  | 56 minus 20= |              | *                            |                  |            | X\$ 9=            |                        | OR    | X\$18=                     |                        |
| INDEPENDENT CLAIMS  |  |  | 189 mi       | inus 3 =     | *                            |                  | -          | X42=              |                        | 1 1   | X84=                       |                        |
| MULTIPLE DEPENDENT CLAIM P  |  |  | 1 70 /       | <del></del>  | <del></del>                  |                  |            |                   |                        | OR    |                            |                        |
| * If the difference in column 1 is less than zero, enter "0" in colu                  |  |  |              |              |                              | volume 2         | _          | 140=              |                        | OR    | +280=                      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |  |  |              |              |                              |                  | T          | OTAL              |                        | OR    | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                         |  |  |              |              |                              |                  | S          | MALL E            | ENTITY                 | OR    | OTHER<br>SMALL             |                        |
|   |  | CLAIMS   |              | HIGH         | HEST                         |                  |            |                   | ADDI-<br>TIONAL<br>FEE |       |                            | ADDI-                  |
| NTA   |  | REMAINING<br>AFTER<br>AMENDMENT  |              | PREVI        | MBER<br>OUSLY<br>FOR         | PRESENT<br>EXTRA | F          | RATE              |                        |       | RATE                       | TIONAL<br>FEE          |
| <b>AMENDMENT</b>  | Total  | *  | Minus        | **           | . 511                        | =                | <b> </b>   | X\$ 9=            |                        | OR    | X\$18=                     |                        |
| MEN   | Independent                                    | *  | Minus        | ***          |                              | =                | <b>一</b> , | X42=              |                        | OR    | X84=                       |                        |
| <   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |              |              |                              |                  |            |                   |                        | 1     |                            |                        |
| +140=   |  |  |              |              |                              |                  |            |                   |                        | OR    | +280=                      |                        |
| J.  |  |  |              |              |                              |                  |            | TOTAL<br>DIT. FEE |                        | OR    | TOTAL<br>ADDIT. FEE        |                        |
| _   | (Column 1) (Column 2) (Column 3)               |  |              |              |                              |                  |            |                   |                        | , .   |                            | <b></b>                |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |              | NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | F          | RATE              | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *  | Minus        | **           |                              | =                | >          | <b>X\$</b> 9=     |                        | OR    | X\$18=                     |                        |
|   | Independent                                    | *  | Minus        | ***          |                              | =                |            | X42=              |                        | OR    | X84=                       |                        |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |              |              |                              |                  |            |                   |                        | 1     | +280=                      |                        |
| BEST AVAILABLE COPY   |  |  |              |              |                              |                  |            | 140=<br>TOTAL     |                        | OR    | TOTAL                      | <b> </b>               |
| AD  |  |  |              |              |                              |                  |            | DIT. FF.E         |                        | IOR   | ADDIT. F.                  |                        |
| (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST                                       |  |  |              |              |                              |                  |            |                   |                        |       |                            |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |              | NUM<br>PREVI | MBER<br>OUSLY<br>FOR         | PRESENT<br>EXTRA | F          | RATE              | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *  | Minus        | **           |                              | =                | \ \ \ \    | <b>(\$ 9=</b>     |                        | OR    | X\$18=                     |                        |
| ME  | Independent                                    | *  | Minus        | ***          |                              | =                | ,          | X42=              |                        |       | X84=                       |                        |
| <u></u>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |              |              |                              |                  |            |                   |                        | OR    |                            | <del> </del>           |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |  |              |              |                              |                  |            |                   |                        | OR    | +280=                      | ļ                      |
| **  | If the "Highest Nu<br>"If the "Highest Nu      | ** If the entry in column 1 is less than the entry in column 2, write 0 in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |              |              |                              |                  |            |                   |                        |       |                            |                        |